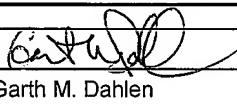


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/593,590-Conf. #2769
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 21, 2006
TOTAL AMOUNT OF PAYMENT (\$) 442.00		First Named Inventor	Shunsuke YAMANAKA
		Examiner Name	A. P. Ramirez
		Art Unit	4151
		Attorney Docket No.	4918-0110PUS1

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES												
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)										
Utility	330	165	540	270	220	110	_____										
Design	220	110	100	50	140	70	_____										
Plant	220	110	330	165	170	85	_____										
Reissue	330	165	540	270	650	325	_____										
Provisional	220	110	0	0	0	0	_____										
2. EXCESS CLAIM FEES																	
Fee Description																	
Each claim over 20 (including Reissues) Small Entity Fee (\$) 52 Fee (\$) 26																	
Each independent claim over 3 (including Reissues) Small Entity Fee (\$) 220 Fee (\$) 110																	
Multiple dependent claims Small Entity Fee (\$) 390 Fee (\$) 195																	
<table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>26</td> <td>- 20 or HP</td> <td>6</td> <td>x 52.00</td> <td>= 312.00</td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	26	- 20 or HP	6	x 52.00	= 312.00
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims													
26	- 20 or HP	6	x 52.00	= 312.00													
HP = highest number of total claims paid for, if greater than 20.																	
<table border="0"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>2</td> <td>- 3 or HP</td> <td>0</td> <td>x 220.00</td> <td>= 0.00</td> </tr> </table>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	2	- 3 or HP	0	x 220.00	= 0.00	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)														
2	- 3 or HP	0	x 220.00	= 0.00													
HP = highest number of independent claims paid for, if greater than 3.																	
3. APPLICATION SIZE FEE																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																	
<table border="0"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>- 100 =</td> <td>/50 = _____ (round up to a whole number) x _____</td> <td>=</td> <td>Fees Paid (\$)</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 =	/50 = _____ (round up to a whole number) x _____	=	Fees Paid (\$)
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)													
_____	- 100 =	/50 = _____ (round up to a whole number) x _____	=	Fees Paid (\$)													
4. OTHER FEE(S)																	
Non-English Specification, \$130 fee (no small entity discount)																	
Other (e.g., late filing surcharge): 1251 Extension for response within first month Fee (\$) 130.00																	

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	43,575	Telephone
Name (Print/Type)	Garth M. Dahlen		Date	September 15, 2009	